MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

03320

Reg. Dist. No. 246

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Mt Ranier

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3619 - 37th St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 4 years, 2 mos-

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md- County: Prince Georges

City or town: Mt Ranier- Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3619- 37th St-

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lucy Neil Adams

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married-

6 (b) Name of husband ~~or wife~~: John M. Adams-

6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Dec. 1, 1872.

8. AGE: Years	Months	Days	If less than one day
67	3	6	2 hrs. 15 min.

9. Birthplace: Mt. Sterling, Ohio (Town, county, and state)

10. Usual occupation: Home maker-

11. Industry or business:

FATHER — 12. Name: John Baughn; 13. Birthplace: Virginia

MOTHER — 14. Maiden name: MELINDA MITCHEM; 15. Birthplace: NEAR WASHINGTON C.H. OHIO.

16. Informant: J. L. BAUGHN

Address: 2826 E. 3rd ST. DAYTON OHIO.

17. burial. (Burial, cremation, or removal. Which?) Date thereof: 3-9-40 (month) (day) (year)

Cemetery or crematory: Fort Lincoln

Location: Bladensburg Road. Md.

18. Funeral director: Wm. J. Malley.

Address: 3200 - Rhode Island Ave. Md.

19. 3/8/40 (Date rec'd by registrar) 19 — Wm. J. Malley M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 7 1940, at 2:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1939, to March 7 1940, and that I last saw h-r alive on March 7 1940.

Immediate cause of death	DURATION
Carcinoma of stomach	10 Mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Carcinoma of stomach

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Wm H. Norton M.D. M. D. or other

Address: Mt Rainier Md. Date signed: 3-7-40

RECEIVED
APR 8 1943
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03321

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 3 mo - 10d

Stay in this community (yrs., or mos., or days): 3 mo - 10d

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D. C. County: ✓

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 753 Hobart Place N.W
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: NO

3. (a) FULL NAME: Shelby Alexander

3. (b) Social Security Number: None

4. Sex: female

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~: Louis Alexander

6 (c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): Dec 9, 1912

8. AGE: Years: 27 Months: 3 Days: 7 If less than one day: ___ hrs. ___ min.

9. Birthplace: Madison Co. Virginia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: Henry Jackson
13. Birthplace: Brightwood — Virginia

MOTHER
14. Maiden name: Grace Grigsby
15. Birthplace: Brightwood Virginia

16. Informant: Deceased

Address

17. Removal to (Burial, cremation, or removal. Which?) Date thereof: 3/16/40 (month) (day) (year)

Cemetery or crematory

Location: Washington, D.C

18. Funeral director: Cornish + Cornish Co

Address: 2121 10 St, N.W.

19. March 16 1940 (Date rec'd by registrar) Les V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: march 16 1940, at 1 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 6 1939, to march 16 1940, and that I last saw her alive on march 16 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 5 1/2 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy: yes. Pul. Tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 3/16/40

Glenn Dale, Md.

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APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

03322

CERTIFICATE OF DEATH

Reg. Dist. No. 2-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prs. Georges Co.
City or town Mt Rainier Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
3520 - 36th st
Stay in hospital or inst. (yrs., or mos., or days) 8 years
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prs Geo Co.
City or town Mt Rainier Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3520 - 36 th st. Mt Rainier Md
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daisy V. Armstrong

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Hale C. Armstrong 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30, 1880

8. AGE: Years	Months	Days	If less than one day
59 years	4	9	hrs. min.

9. Birthplace Indianna
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name unknown

FATHER 13. Birthplace "

MOTHER 14. Maiden name unknown

MOTHER 15. Birthplace "

16. Informant Hale C. Armstrong
Address 3520 - 36 st Mt Rainier Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 11, 1940 (month) (day) (year)
Cemetery or crematory Cedar Hill Cemetery
Location Suitland Md

18. Funeral director I Gaeche Sons
Address Hyattsville Md

19. 3/10 (Date rec'd by registrar) 1940 Harry Nalley M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1940, at 1:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Toxemia	
Carcinoma of breast	
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other
Address Forestville Md Date signed 3-9-40

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APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03323

CERTIFICATE OF DEATH

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Berwyn
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Berwyn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Jesse Porter Bell

3. (b) Social Security Number: 718-14-9129

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Emma F. Bell

6(c) If alive, give age: 54 61 years

7. Birth date of deceased (mo., day, yr.): August 1, 1890

8. AGE: Years	Months	Days	If less than one day
49	7	4	____ hrs. ____ min.

9. Birthplace: Beaumont, Va. (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: Washington Terminal Co

FATHER 12. Name: James A. Bell

FATHER 13. Birthplace: Virginia

MOTHER 14. Maiden name: Ella —

MOTHER 15. Birthplace: Virginia

16. Informant: Mrs Jesse P. Bell

Address: Berwyn. Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof 3-5-40 (month) (day) (year)

Cemetery or crematory:

Location: Nash DC

18. Funeral director: The S. H. Hines Co.

Address: 2901-14th St. N.W., Washington, D.C.

19. March 5th 1940 (Date rec'd by registrar) John D Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 5 1940, at 7:35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5 1940 to March 5 1940, and that I last saw h-- alive on March 5 1940.

	DURATION
Immediate cause of death: Apoplexy	9 hours
Due to: Arteriosclerosis	Several years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE: W. Allen Garfield M. D. or other

Address: Berwyn, Md Date signed 3/5/40

Authorization to change wife's age, letter in Permanent File under W. Allen Griffith.
4/26/40.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03324

CERTIFICATE OF DEATH

Reg. Dist. No. 237

1. PLACE OF DEATH:

County Prince Georges

City or town Aquasco, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days) 5 Mo in 1939

Stay in this community (yrs., or mos., or days) 3 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____

(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Mary Virginia Briscoe.

3. (b) Social Security Number None

4. Sex Female

5. Color or race colored

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ James Edward Briscoe

6(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) July 15th, 1918

8. AGE: Years 21 Months 9 Days If less than one day _____ hrs. _____ min.

9. Birthplace Chas Co. Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name John Thomas.

13. Birthplace Chas Co. Md.

MOTHER

14. Maiden name Susie Sheldon

15. Birthplace Md.

16. Informant James Edward Briscoe.

Address Aquasco, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/18/40 (month) (day) (year)

Cemetery ~~or crematory~~ St Peters Cemetary

Location Waldorf Md

18. Funeral director Ryon & Hunt

Address Waldorf Md

19. Mch 16th 1940 (Date rec'd by registrar) Henry B. Contee Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15th 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____, and that I last saw h_____ alive on _____ 19____.

Immediate cause of death No Physician in attendance Had Typhoid Fever about a year ago. developed Tuberculosis, died with Hemorrhage before they could get a Doctor.

Due to

Due to

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Henry B. Contee Dr. or other

Address Aquasco Md Date signed Mch 16/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

03325

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:
County Landover Md
City or town Prince George County
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 12 yrs
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Louise Brooks

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Wm Brooks
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 50 | Months | Days | If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation at Home

11. Industry or business

FATHER 12. Name John Queen
13. Birthplace md

MOTHER 14. Maiden name Mary Queen
15. Birthplace md

16. Informant James Brooks Son
Address Glen arden md

17. Burial Date thereof Mar 23 /40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Woodmere Catolic Church
Location Mitchelville md

16. Funeral director F Gasche Sons
Address Bladensburg md

19. Mar 22 1940 Mrs Jas. Severs
(Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 - 20 1940, at 8:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19,
and that I last saw h alive on 19.

Immediate cause of death Pulmonary edema — DURATION
Due to Congestive heart failure
Due to Myocardosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other
Address Forestville Md Date signed 3-20-40

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APR 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03326

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince George Registration Dist. No. 243

Village or City Bowie No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Earnest Brown, Sr

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Helen Rebecca Brown

6. DATE OF BIRTH (month, day, and year) Dec. 18, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. U.S. Dept Agriculture

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Gov. Employee

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Anne Arundel City (State or country) Md

FATHER

13. NAME Jesse Brown

14. BIRTHPLACE (city or town) ... (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Grimes

16. BIRTHPLACE (city or town) ... (State or country) Md

17. INFORMANT Helen Rebecca Brown (Address) Bowie

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel. Place Marlboro, Md. Date Mar 5, 1940

19. UNDERTAKER E. Gascha Sons (Address) Hyattsville Md

20. FILED Mch 3, 1940 W. L. Trott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 3 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1940, to March 3, 1940

I last saw him alive on March 3, 1940; deeth is said to have occurred on the date stated above, at 12 45 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	Feb 1940
Acute Dilatation of Heart	March 1940
Other **Contributory Causes** of importance:	
Chronic Bronchitis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Henry Slothower M. D.

(Address) Bowie

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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APR 4 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03327

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (124P)

County Prince George's Registration Dist. No. 233

Village or City Baden No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Langth of rasidanca in city or town whare daath occurrad 12 yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Sarah Setuve Contee If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of James William Contee

6. DATE OF BIRTH (month, day, and year) Mar 11 1894

7. AGE Yaars	Months	Days	If LESS than 1 day, hrs. or min.
45	11	24	

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York Mass. Jersey

FATHER

13. NAME John Henry Scott

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sula Francis Folkes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) James William Contee Baden, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Brooks Date Mar. 8, 1940

19. UNDERTAKER A. J. Grimes

(Address) Aquasco Md.

20. FILED Mar. 6, 1940 Ernest W. Garner. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar (Month) 5 (Day), 1940 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1940, to Mar 5, 1940

I last saw her alive on Mar 2, 1940, daath is said to have occurrad on the date statad abova, at 6:00 P. m.

The PRINCIPAL CAUSE OF DEATH end ralatad causes of importanca ware as follows:

	Date of onset
Heart Failure	1940

Dther Contributory Causes of importance:

Cirrhosis of Liver	1930
Auricular Fibrillation	1939

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If daath was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? No Date of injury —, 19—

Whare did injury occur? No (Specify city or town, county and State)

Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, spacify

(Signed) James E. Spencer M. D.

(Address) Upper Marlboro Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 13

03328

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
County Prince George
City or town Glenn Dale Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 mos 15 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Prince George
City or town Bladensburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Myrtle Dock

3. (b) Social Security Number none

4. Sex Female
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife Single
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 26, 1936

8. AGE: Years 3 Months 2 Days 19 If less than one day hrs. min.

9. Birthplace Wash DC
(Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Anthony Dock
13. Birthplace Wash DC
MOTHER 14. Maiden name Blanche Foster
15. Birthplace DC
16. Informant Father
Address Wash DC
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3 17 40 (month) (day) (year)
Cemetery or crematory Methodist Cemetery
Location Bladensburg, Md
18. Funeral director Francis Gasch's Sons
Address Hyattsville Md.
19. March 15 1940 (Date rec'd by registrar) Leo V. Kimmide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15th 1940, at 4 40 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jany 30th 1940, to March 15 1940, and that I last saw her alive on March 15th 1940.
Immediate cause of death Pulmonary Tuberculosis
DURATION Since 1938
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other
Address Glenn Dale Sanatorium Date signed 3/15/40
Glenn Dale Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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03329

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH:

County Prince George

City or town Laurel
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 200 - Tenth St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 76 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Pr Go

City or town Laurel Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 200 - 10th St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Florence Helen Downey

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	Married

6 (b) Name of husband or wife Charles Downey

6(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) May 18 1863

8. AGE: Years	Months	Days	If less than one day
76	9	17	hrs. min.

9. Birthplace Laurel
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Richard Fedeline
13. Birthplace Harford Co.

MOTHER
14. Maiden name ?
15. Birthplace

16. Informant Charles Downey.
Address 200 10th St Laurel Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 10 1940 (month) (day) (year)

Cemetery or crematory Ivory Hill

Location Laurel Md.

18. Funeral director Ridgley Dilley.
Address 401 Wash. Ave Laurel Md

19. Mar 9 1940 (Date rec'd by registrar) M. Brashears Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 2 1940, to March 6 1940, and that I last saw h er alive on March 6 1940.

Immediate cause of death	DURATION
Ventral hernia	30 years
Strangulated hernia	1 mo.
Due to Herniotomy	1 mo.
Pulmonary embolus	1 day
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Intestinal obstruction in hernia

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert S McConey MD M.D. or other

Address Laurel Md Date signed 3/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

03330

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (93d)

County C. Geo. Registration Dist. No. 243

Village or City Bowie Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town whara daath occurred 60 yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Mary ann Fladung

(a) Residence: No. Bowie Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Fladung.

6. DATE OF BIRTH (month, day, and year) March 25 1860

7. AGE	Yaars	Months	Days	If LESS then 1 day, hrs. or min.
	79	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home work

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last workad et this occupation (month and yeer) 1937

11. Total tima (yaars) spent in this occupation.

12. BIRTHPLACE (city or town) Ellicott City (State or country) Maryland

FATHER

13. NAME Frank Deutsch

14. BIRTHPLACE (city or town) Germany (Stete or country)

MOTHER

15. MAIDEN NAME Elizabeth Born

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Bessie Miller (Address) Bowie, Md

18. BURIAL, CREMATION, OR REMOVAL Place As Cruxion church Date March 19, 1940

19. UNDERTAKER M. Fladung & Sons (Address) Bowie Md

20. FILED 3/18, 1940 W. A. Trott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1940, to March 17, 1940

I last saw h[illegible] aliva on March 16, 1940; death is said to have occurred on tha date statad ebove, at 4:15 P. M.

The **PRINCIPAL CAUSE OF DEATH** and ralatad causes of importance were as follows:

	Date of onset
Arteriosclerosis Gen.	
Myocardial degeneration	

Other **Contributory Causes** of importanca: —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to extarnal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Dete of Injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was diseasa or injury in any way relatad to occupation of decaasad? —

If so, spacify

(Signad) G E Lancaster M. D.

(Addrass) Bowie Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03331

Reg. Dist. No. 243

1. PLACE OF DEATH:
County Prince Georges
City or town Glenn Dale Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 5 mos. 11 dys
Stay in this community (yrs., or mos., or days) 5 mos 11 dys

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1440 W St. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Ernestine Glenn

3. (b) Social Security Number none.

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: David Glenn
6(c) If alive, give age 35 years
7. Birth date of deceased (mo., day, yr.) Nov. 22, 1909

8. AGE: Years 30 | Months 3 | Days 16 | If less than one day ___ hrs. ___ min.

9. Birthplace Clinton, South Carolina (Town, county, and state)
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name Willie Shepherd
13. Birthplace Augusta, Georgia
MOTHER
14. Maiden name Mattie Dunlap
15. Birthplace Clinton, South Carolina
16. Informant Deceased
Address 1440 W St. N.W. Washington, D.C.
17. Removal (Burial, cremation, or removal. Which?) Date thereof 3/8/40 (month) (day) (year)
Cemetery or crematory
Location Washington D.C.
18. Funeral director George B. Clarke
Address 1416 Fla Ave. N.E.
19. 3/8 1940 (Date rec'd by registrar) Leo V. Kimble M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940, at 12 45 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 27 1939, to March 8 1940, and that I last saw her alive on March 8, 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 6 months from history
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Lee Finucane M.D. M. D. or other
Address Glenn Dale Sanatorium Date signed 3/8/40
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03332

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Berwyn
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): since 1923

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Berwyn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Harold Lester Grisell

3. (b) Social Security Number: 214-12-7538

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mabel D. Grisell
6(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): October 15, 1902

8. AGE: Years: 37 Months: 4 Days: 24 If less than one day: ____ hrs. ____ min.

9. Birthplace: Washington, D.C.
(Town, county and state)

10. Usual occupation: Mechanic

11. Industry or business: Automobile

FATHER
12. Name: James D. Grisell
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary J. Helms
15. Birthplace: Germany

16. Informant: Mabel D. Grisell
Address: Berwyn. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 13, 1940 (month) (day) (year)
Cemetery or crematory: Fort Lincoln Cemetery
Location: Washington D.C.

18. Funeral director: L. Gaskie Sons
Address: Hyattsville Md

19. March 13th 1940 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 10 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5 1940, to March 10 1940, and that I last saw him alive on March 5 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6-7 months
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?):
Means of injury: — Injured at work? —

23. SIGNATURE: W. Allen Griffith M. D. or other
Address: Berwyn. Md Date signed: 3/10/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03333

CERTIFICATE OF DEATH

Reg. Dist. No. 24 3

1. PLACE OF DEATH:
County Prince Georges
City or town Glenn Dale, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 10 mo 18 days
Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 464 Clark Court S.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillian Theresa Hall

3. (b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Lawrence Hall
6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) May 10 1903

8. AGE: Years	Months	Days	If less than one day
36	10	21	____hrs. ____min.

9. Birthplace Washington D.C.
(Town, county, and state)
10. Usual occupation Laundress
11. Industry or business

FATHER
12. Name Isaac Mahoney
13. Birthplace Unknown

MOTHER
14. Maiden name Ellen Woodward
15. Birthplace UNKNOWN

16. Informant Hospital record
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof 4-1-40 (month) (day) (year)
Cemetery or crematory
Location Washington D.C.
18. Funeral director J. T. Ahnes & Co.
Address 901-3rd St. S.W. Washington D.C.
19. 4-1-40 19____ Leo V. Schneider
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940, at 2:35 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~March~~ May 13 1939, to March 31 1940, and that I last saw her alive on March 31 1940.

Immediate cause of death	DURATION
Due to Pulmonary congestion	2 days
Due to Toxemia	3 wks
Other conditions Tuberculosis	10 mo
Syphilis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations Tuberculous synovitis of knee
Of autopsy yes

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed 4/1/40
Glenn Dale, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 4 1940
BUREAU V. S.

03334

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George

City or town Hyattsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 12 Marion Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 Years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Prince George

City or town Hyattsville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 12 Marion Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Matthew Francis Halloran

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband or~~ wife: Mary A Halloran

6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Feb 16, 1865

8. AGE: Years 75 | Months — | Days 15 | If less than one day ___ hrs. ___ min.

9. Birthplace Washington, District of Columbia (Town, county, and state)

10. Usual occupation Executive

11. Industry or business U.S. Civil Service

FATHER
12. Name John Henry Halloran
13. Birthplace Limerick, Ireland

MOTHER
14. Maiden name Mary Josephine Halloran
15. Birthplace Dublin, Ireland

16. Informant Edward R. Halloran, son

Address 3209 - 9th St, South, Arlington, Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 4, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Mount Olivet

Location Washington, District of Columbia

18. Funeral director Francis Gasch's sons

Address Hyattsville Md

19. Mar. 3 1940 Mrs. Jas. Severe Deputy Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 1939, to March 1 1940, and that I last saw h— alive on Feb. 29 1940.

Immediate cause of death: Cerebral Apoplexy

Due to Hypertensive Heart Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Cleitz M.D. M. D. or other

Address Hyattsville, Md Date signed 3-3-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 20 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03335

Reg. Dist. No. 243

1. PLACE OF DEATH:
County Prince Georges
City or town Rural near Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium -
Stay in hospital or inst. (yrs., or mos., or days) 11 months 19 days
Stay in this community (yrs., or mos., or days) Same -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County D.C.
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1673 - Park Road N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME George T. Hare
Ross. (1) 316-09-6743
(2) 405-10-8926
3. (b) Social Security Number None -

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of ~~husband or~~ wife Ethel Hare -
6(c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) Feb 10-1878
8. AGE: Years 62 Months 1 Days 15 If less than one day ___ hrs. ___ min.
9. Birthplace Sunbury N.C. (Town, county, and state)
10. Usual occupation Salesman
11. Industry or business —
FATHER 12. Name Wm T. Hare
13. Birthplace Sunbury N.C.
MOTHER 14. Maiden name Sallie Ellis
15. Birthplace Sunbury N.C.
18. Informant Deceased
Address —
17. Cremated (Burial, cremation, or removal. Which?) Date thereof 3/27/40 (month) (day) (year)
Cemetery or crematory Fort Lincoln
Location Prince Georges Co. - Md
18. Funeral director W. W. Chambers Co.
Address 1400 - Chapin St. N.W.
19. March 25 1940 (Date rec'd by registrar) Le V. Almida M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1940, at 8 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6 - 1939, to March 25 1940, and that I last saw him alive on March 25 1940.
Immediate cause of death Pulmonary Tuberculosis — DURATION 2 yrs.
Due to —
Due to —
Other conditions None -
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) — —
Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other
Address Glenn Dale Sanatorium Date signed 3/25/40
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

03336

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County: Prince George

City or town: Hyattsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sacred Heart Home

Stay in hospital or inst. (yrs., or mos., or days) since Nov. 16, 1929

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Va. County:

City or town: Alexandria Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 918 - Cameron
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sarah Anne Harrison

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: John T. Harrison

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1856

8. AGE: Years: 84 | Months: | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: Carroll Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Aremus Schofield
13. Birthplace: England

MOTHER
14. Maiden name: Mary Jane Hennage
15. Birthplace: Va.

16. Informant: Miss Va. Schofield

Address: 918 - Cameron St. Alex Va.

17. Removal
(Burial, cremation, or removal. Which?)

Date thereof: Mar. 24, 1940
(month) (day) (year)

Cemetery or crematory: Cemetery

Location: Alexandria, Va

18. Funeral director: Josiah S. Evroly

Address: Alexandria, Va. - 809 King St.

19. Mar-24 1940
(Date rec'd by registrar)

G. Wm. Norg E.
LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 23 1940, at 9 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 1940, to March 23 1940, and that I last saw her alive on Mar 23 1940.

Immediate cause of death: Acute Pulmonary Edema

Due to: Arteriosclerosis (general)

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 4 days; 5 yrs.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Thomas E. Mattingly MD
M. D. or other

Address: 2200 R Iaol NE DC Date signed: 3/24/40

RECEIVED
APR 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

03337

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George

City or town: North Brentwood (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: No 1 John St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: North Brentwood Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. No 1 John St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Jeremiah Hawkins

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma Hawkins

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 25th, 1864

8. AGE: Years 75 Months 4 Days 5 If less than one day ____ hrs. ____ min.

9. Birthplace: Prince George County Md. (Town, county, and state)

10. Usual occupation: Retired Govt Employee

11. Industry or business

FATHER
12. Name: Henry Hawkins
13. Birthplace: Md.

MOTHER
14. Maiden name: Catherine Hawkins
15. Birthplace: Md.

16. Informant: Emma F. Hawkins

Address: #1 John St, North Brentwood

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr. 2 - 40 (month) (day) (year)

Cemetery or crematory: Lincoln Memo. Cemetery

Location: Pr. George's Co., Md.

18. Funeral director: Robert Gm^c Guire

Address: 1820 - 9 St. NW

19. Mar 30 1940 Mrs Jas. Severe (Wash DC) Deputy Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 30th 1940, at 1:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1st 1939, to March 30th 1940, and that I last saw him alive on March 27th 1940.

Immediate cause of death: Chronic Nephritis Arterial Hypertension, Cardiac Decompensation — DURATION: Unknown

Due to

Due to

Other conditions: Exhaustion — 5 months

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury ____ Injured at work?

23. SIGNATURE: Carroll A. Brooks M. D. or other

Address: 1321 - 1st N.W. Wash. DC Date signed: 3/30/40

RECEIVED
APR 8 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

03338

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Beltsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Mrs. E. G. Emack Farm
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Beltsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Griff Hepburn

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
70	—	—	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Farm
FATHER 12. Name Thomas Hepburn
13. Birthplace Md
MOTHER 14. Maiden name Luanda —
15. Birthplace Md
16. Informant E. G. Emack
Address Beltsville Md
17. Burial Date thereof Mar 13, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Murkirk Cemetery
Location Murkirk Md
18. Funeral director E. Eccles & Son
Address Hyattsville Md
19. March 11 1940 John D. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 9 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h elive on 19.

Immediate cause of death	DURATION
Acute Congestive heart failure	
Due to Cardiovascular renal	
Due to disease	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James J. Boyd M. D. or Other
Address Forestville Md Date signed 3-10-40

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03339

243

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 2 mo - 28 d

Stay in this community (yrs., or mos., or days): 2 mo - 28 d

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County: ✓

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1901 - 13th St. S.E.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: NO

3. (a) FULL NAME: Charles Howard

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept 11, 1915

8. AGE:

Years	Months	Days	If less than one day
24	6	5	____ hrs. ____ min.

9. Birthplace: Toledo, Ohio (Town, county, and state)

10. Usual occupation: attendant

11. Industry or business: Hospital

FATHER

12. Name: Leo Howard

13. Birthplace: Indiana

MOTHER

14. Maiden name: Anna Roof

15. Birthplace: Ohio

16. Informant: Deceased.

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 3/16/40 (month) (day) (year)

Cemetery or crematory

Location: Washington D.C.

18. Funeral director: Wm. J. Malley

Address: 522-8th St. S.E.

19. March 16 1940 (Date rec'd by registrar) De V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 16 1940, at 9:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 18 1939, to March 16 1940, and that I last saw him alive on March 16 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	16 yr. 2 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy (No)

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 3/16/40

Glenn Dale Md

RECEIVED
APR 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (838)

03340

CERTIFICATE OF DEATH

Reg. Dist. No. 239

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

County Prince George

City or town Laurel
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 609 8th

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Laurel Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 609 8th St
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Isaaca

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Nancy Isaaca

6(c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) Feb 14 1864

8. AGE: Years 76 Months 0 Days 25 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland Prince Georges Co
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Jesse Isaaca
13. Birthplace Maryland

MOTHER
14. Maiden name Unknown
15. Birthplace "

16. Informant John Wesly Isaaca
Address Marlboro Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Mar 14 1940
(month) (day) (year)

Cemetery or crematory Bacons Cemetery

Location Anne Arundel Co

18. Funeral director Ridgly Selby
Address 401 Wash ave Laurel Md

19. Mar 14 1940 M. Brashears Local
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 10 1940, at 5:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 21 1937, to Mar 10 1940, and that I last saw him alive on Mar 10 1940.

Immediate cause of death Cerebral Thrombosis — DURATION 3 Days

Due to Arteriosclerosis — 10 yrs

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J M Warren MD
M. D. or other

Address Laurel Md Date signed 3-13-40

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03341

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Prince Georges
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 3 mo - 19
Stay in this community (yrs., or mos., or days): 3 mo - 19

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 515 - D st - N. W
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: WILLIAM H JACKSON

3. (b) Social Security Number: 240-18-7292

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 5, 1912

8. AGE:

Years	Months	Days	If less than one day
28	0	11	hrs. min.

9. Birthplace: Washington S. Carolina (Town, county, and state)

10. Usual occupation: Waiter

11. Industry or business: Restaurant

FATHER
12. Name: Henry Jackson
13. Birthplace: unknown

MOTHER
14. Maiden name: Rosa (last name unknown)
15. Birthplace: unknown

16. Informant: deceased + Hospital Records.
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 3-19-40 (month) (day) (year)

Cemetery or crematory:
Location: Washington D. C.

18. Funeral director: John T Rhines & Co
Address: 901-3rd St. S.W. Wash D.C.

19. March 19 19 40 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 16 19 40, at 4 50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 27 19 39, to March 16 19 40, and that I last saw him alive on March 16 19 40.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 5 mo.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: Not Th.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: 3/16/40
Glenn Dale, md.

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03342

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince George

City or town: Glenn Dale (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 3 mos. 17 days

Stay in this community (yrs., or mos., or days): 3 mos. 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: District of Columbia County: Columbia

City or town: Washington Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 404 Eye St. N.W. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: William Jameson

3. (b) Social Security Number: ~~None~~ Loss 577-05-4963

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married (separated)

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 6, 1886

8. AGE: Years 53 | Months 4 | Days 15 | If less than one day — hrs. — min.

9. Birthplace: St. Mary's County, Md. (Town, county, and state)

10. Usual occupation: Laundry worker

11. Industry or business

FATHER: 12. Name: Phillip Jameson

13. Birthplace: St. Mary's Co. Md.

MOTHER: 14. Maiden name: Annie Mahoney

15. Birthplace: St. Mary's Co., Md.

16. Informant: deceased

Address: above

17. Removal (Burial, cremation, or removal. Which?) Date thereof 3/23/40 (month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

18. Funeral director: Eugene Ford

Address: 1300 S. Capitol St., Wash. D.C.

19. March 23 1940 (Date rec'd by registrar) Leo V. Kinnide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 21 1940, at 6:55 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 27, 1939, to March 21 1940, and that I last saw him alive on 3/21 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 7 mos.

Due to

Due to

Other conditions: None

(Include pregnancy within 8 months of death)

Major findings:

Of operations: None

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed 3/21/40

Glenn Dale Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

03343

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince George

City or town Rural, near Upper Marlboro, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland. County Prince George

City or town Upper Marlboro. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Agnes May Loveless

3. (b) Social Security Number none.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	married.

6 (b) Name of husband or wife Richard W. Loveless

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 15 - 1885.

8. AGE:

Years	Months	Days	If less than one day
54	9	23	hrs. min.

9. Birthplace near Leeland, Pr. Geo. Co., Md.
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business —

FATHER
12. Name Jim Crook
13. Birthplace Pr. Geo. Co., Md.

MOTHER
14. Maiden name Laura Crook
15. Birthplace Pr. Geo. Co., Md.

16. Informant Richard W. Loveless (Husband)
Address Upper Marlboro, Md. R.F.D.

17. Burial. Date thereof Mar. 11-40.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Trinity Episcopal

Location Upper Marlboro, Md.

18. Funeral director Ritchie Brothers

Address Upper Marlboro, Md.

19. March 11 1940 [signature] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940, at 11-45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 1940, to March 8 1940, and that I last saw her alive on March 8 1940.

Immediate cause of death Influenza — DURATION 7 days

Due to

Due to

Other conditions Myocarditis + chronic dilatation — One year
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Reverdy Sasscer M. D. or other

Address Upper Marlboro Md Date signed 3/10/40

RECEIVED
APR 8 1940
BUREAU V. S.

CEIVED
APR 5 1940
EAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03344

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince George

City or town (CORPORATE LIMITS) Laurel Dist.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, ~~hospital, or institution~~ 411 Laurel Ave.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Laurel Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 411 Laurel Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Herbert Marks

3. (b) Social Security Number Possibly 705-12-3247

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife Maria P. Marks

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 19, 1872

8. AGE: Years	Months	Days	If less than one day
67	9	3	____ hrs. ____ min.

9. Birthplace Anne Arundel Co.

(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business B & O Railroad

FATHER 12. Name Henry Marks

FATHER 13. Birthplace Germany

MOTHER 14. Maiden name E. Bennett

MOTHER 15. Birthplace Anne Arundel Co.

16. Informant Elsie E. Marks

Address Laurel, Md.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof May 24/40 (month) (day) (year)

Cemetery or ~~crematory~~ Oak Hill

Location Laurel, Md.

18. Funeral director Waldorf & Smallwood

Address Laurel, Md.

19. May 24 1940 (Date rec'd by registrar) M. Brashears Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940, at 12 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 17 1940, to Mar 22 1940, and that I last saw h~~im~~ alive on Mar 22 1940.

	DURATION
Immediate cause of death Acute Uremia	1 wk.
Due to	
Due to	
Other conditions Endocarditis, Myocarditis, Chronic Mitral Regurgitation	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE W B Landreth M. D. or other

Address Laurel Md. Date signed 5/24/40

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13-)

CERTIFICATE OF DEATH

03345

Reg. Dist. No. 243

1. PLACE OF DEATH:
County Prince Georges
City or town Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 3 years + 17 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County ✓
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1121 - 11th Street, N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lois McBride

3. (b) Social Security Number none.

4. Sex female
5. Color or race colored
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband ~~or wife~~ Ernest McBride
6(c) If alive, give age unknown years
7. Birth date of deceased (mo., day, yr.) February 5, 1916

8. AGE: Years 24 | Months 1 | Days 25 | If less than one day ___ hrs. ___ min.

9. Birthplace Whitmore, S.C. (Town, county, and state)
10. Usual occupation Housework
11. Industry or business In private home.

FATHER
12. Name William McCraken
13. Birthplace Whitmore, S.C.

MOTHER
14. Maiden name Mary Young
15. Birthplace Whitmore, S.C.

16. Informant Deceased & Hospital Records
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof 3/27/40 (month) (day) (year)
Cemetery or crematory
Location Washington D.C.
18. Funeral director John T. Rhines & Co.
Address 901 - 3rd St, S.W. Washington, D.C.
19. March 27 1940 (Date rec'd by registrar) Leo V Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 8.55 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 9 1937, to March 26 1940, and that I last saw her alive on March 26 1940.

Immediate cause of death Far Advanced Pulmonary Tuberculosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
3 years & 4 months

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Leo Pinecane M.D. M. D. or other
Address Glenn Dale Sanatorium Date signed 3/26/40
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1960
BUREAU V. S.

man lived in Greenbelt for 6 mos.

03346

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a NB

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County PRINCE GEORGES

City or town GREENBELT
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 7 D CRESCENT

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 6 MOS.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State PENN. County HUNTINGDON

City or town MAPLETON Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME EDWARD MORRIS McCARL

Ross. 170-12-7024

3. (b) Social Security Number → — NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, married, widowed, or divorced SINGLE

6 (b) Name of husband or wife —

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11/17/1882

8. AGE: Years 57 Months 4 Days 3 If less than one day ___ hrs. ___ min.

9. Birthplace MAPLETON, HUNTINGDON Co, PENN.
(Town, county, and state)

10. Usual occupation LABORER

11. Industry or business MFG. OF GLASS

FATHER
12. Name ROBERT NEWTON McCARL
13. Birthplace CASVILLE PENN

MOTHER
14. Maiden name ANNIE HANNIWALT
15. Birthplace MT. UNION PENN.

16. Informant DR. JAS. W. McCARL

Address GREENBELT, MD.

17. Removal (Burial, cremation, or removal. Which?) Date thereof March 22, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ —

Location Mapleton, Pa.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19 March 21 1940 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-20- 1940, at 8 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/15 1940, to 3/20 1940, and that I last saw h 1M alive on 3-15- 1940.

Immediate cause of death CORONARY OCCLUSION

Due to

Due to

Other conditions GENL. ARTERIOSCLEROSIS

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joe W. Still M.D. M. D. or other

Address Greenbelt, Md. Date signed 3/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Shipped to Lewistown, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-a)

Reg. Dist. No. 242 03347

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Prince Geo.
(b) City or town Fairmont Heights (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 710 - Chapel Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Prince Geo.
(c) City or town Fairmont Hts. (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 - Chapel Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Georgia A. McDowell.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race C.

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Wm. G. McDowell.

6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1885

8. AGE: Years 54 | Months 4 | Days 20 | If less than one day _____ hr. _____ min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

FATHER
12. Name David Carroll.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Anna Williams.
15. Birthplace Maryland.

16 (a) Informant Wm. G. McDowell.
(b) Address 710 - Chapel Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18 40 (month) (day) (year)
(c) Cemetery or crematory
Location Washington, D.C.

18 (a) Funeral director J. T. Stewart
(b) Address 30 H St. N.E.

19 (a) 3-10-40 (Date rec'd by registrar) (b) Irene A. Conner Registrar

MEDICAL CERTIFICATION

20. Date of death March 15 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9.30 1939, to 3.15. 1940, and that I last saw him alive on 3.14 1940.

Immediate cause of death Cardiac Dilatation

Due to "Cardio-Vascular Renal Disease"

Due to

Other conditions General Anasarca

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 5 1/2 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Luther J. Scott M. D. or other
Address 2504 Nichols Ave. S.E. Date signed 3.13.40

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03348

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Woodmore
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Woodmore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Fannie McKenzie

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	White	Married

6 (b) Name of husband or wife William P McKenzie
6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) March 1871

8. AGE:

Years	Months	Days	If less than one day
63	11	?	hrs. min.

9. Birthplace Maryland (town, county, and state)
10. Usual occupation Housework
11. Industry or business Own Home

FATHER
12. Name Unknown
13. Birthplace do

MOTHER
14. Maiden name do
15. Birthplace do

16. Informant William P. McKenzie
Address Mitchellville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 5 1940 (month) (day) (year)
Cemetery or crematory Mt Olivet
Location Balto Md

18. Funeral director William M Mareck
Address 713 Light St

19. 3/2 (Date rec'd by registrar) 1940 W L Trott Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940, at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Acute congestive heart failure	
Due to Cardio Vascular	
Due to Renal disease	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James J. Boyd M. D. or other
Address Forestville Md Date signed 3-1-40

MAR 13 1940
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

03349

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:
County Prince Georges
City or town Berwyn
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Berwyn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Baltimore Boulevard
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rachel Merritt

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Clyde G. Merritt
6(c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1909

8. AGE:

Years	Months	Days	If less than one day
30	5	19	____ hrs. ____ min.

9. Birthplace Tenn
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER 12. Name J. B. Breeding
13. Birthplace Tenn
MOTHER 14. Maiden name Joan Montgomery
15. Birthplace Virginia
16. Informant Clyde G. Merritt
Address Berwyn
17. Transportation (Burial, cremation, or removal. Which?) Date thereof Mar 7, 1940 (month) (day) (year)
Cemetery or crematory
Location Tennessee
18. Funeral director E. Gaeche's sons
Address Hyattsville Md
19 March 6 1940 (Date rec'd by registrar) John D Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Acute congestive heart failure	
Due to Myocardosis	
Valvular heart disease	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other
Address Hyattsville Md Date signed 3-5-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03350

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince George
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 3 mos. 22 das.
Stay in this community (yrs., or mos., or days): 3 mos. 22 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: District of Columbia County: ✓
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 711 - Rittenhouse St., N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Henry H. Miller
3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband or~~ wife: Edna Nutt
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Oct. 30, 1890
8. AGE: Years 49 | Months 4 | Days 22 | If less than one day ____ hrs. ____ min.
9. Birthplace: Washington, D.C. (Town, county, and state)
10. Usual occupation: Proprietor of Filling
11. Industry or business: station
FATHER
12. Name: William Miller
13. Birthplace: Washington, D.C.
MOTHER
14. Maiden name: Mary Heinie
15. Birthplace: Washington, D.C.
16. Informant: deceased
Address: above
17. Removal (Burial, cremation, or removal. Which?) Date thereof 3/22/40 (month) (day) (year)
Cemetery or crematory
Location: Washington D.C.
18. Funeral director: Frank Geier and Sons Company
Address: 1113 - 7th St., N.W.
19. March 22 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 22 1940, at 11 20 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 29 1939, to March 22 1940, and that I last saw him alive on March 22 1940.
Immediate cause of death: Pulmonary Actinomycosis — DURATION: 8 mos.
Due to: Actinomyces
Due to
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: actinomycosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: 3/22/40
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-e)

CERTIFICATE OF DEATH

03351

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince George (WITHIN CORPORATE LIMITS OF)
City or town Hyattsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 409 Calvert St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 17 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Prince Geo.
City or town Hyattsville Rt 1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 409 Calvert St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Luther Strine Munson

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Bessie A. Munson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 27 1875

8. AGE: Years	Months	Days	If less than one day
64	2	8	____ hrs. ____ min.

9. Birthplace Nebraska City, Neb.
(Town, county, and state)

10. Usual occupation Civil Engineer Ret.

11. Industry or business

FATHER 12. Name Anson L. Munson

13. Birthplace E. Bloomfield N. J.

MOTHER 14. Maiden name Margaret Stride

15. Birthplace Martinsburg W. Va

16. Informant Gerald L. Munson

Address 409 Calvert St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 8 1940 (month) (day) (year)

Cemetery or crematory National Cap. Mem. Pk.

Location Suitland Md.

18. Funeral director W. W. Chambers Co.

Address Riverdale, Md.

19. Mar. 7" (Date rec'd by registrar) 1940 Miss Jac, Severe Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 5.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1921, to Mar 6 1940, and that I last saw h— alive on Mar. 5 1940

Immediate cause of death	DURATION
Diffuse entero-colitis with hemorrhage.	5 days
Due to	
Due to	
Other conditions Cirrhosis - Luetic	2 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cardio vascular renal disease

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Boyd R Read MD
M. D. or other
Address 3220 Conn. Ave NW Date signed 3/7/40

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-L)

CERTIFICATE OF DEATH

03352

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince George's

City or town: Hyattsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mother Jones Rest Home

Stay in hospital or inst. (yrs., or mos., or days): 11 days

Stay in this community (yrs., or mos., or days): 14 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George's

City or town: Hyattsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 9 Oakwood Road
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Rudolph Pistel

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Kate Pistel

Aug 10" 1863 6(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): Dec. 26, 1862

8. AGE: Years	Months	Days	If less than one day
77	3		____ hrs. ____ min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business: Crown Cork and Seal Co.

FATHER — 12. Name: George Pistel

FATHER — 13. Birthplace: Germany

MOTHER — 14. Maiden name: Barbara Hopf

MOTHER — 15. Birthplace: Germany

16. Informant: Mrs. K. Pistel

Address: 9 Oakwood Road. Hyattsville Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof March 19" 1940 (month) (day) (year)

Cemetery or crematory: Lowden Park Cemetery

Location: Baltimore Md

18. Funeral director: Fred A. Cole

Address: 1200 W. Lombard St Baltimore Md

19. May 19" 1940 (Date rec'd by registrar) Mrs. Jas. Devere Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 19 1940, at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Mar 19 1940, and that I last saw him alive on Mar 19 1940.

	DURATION
Immediate cause of death: Acute Cardiac Dilitation	3 hrs.
Due to: Chr Myocarditis	7
Due to: Chr. Nephritis	7
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Martin J Leano M. D. or other

Address: Riverdale Md Date signed 3/19/40

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03353

Reg. Dist. No. 230

1. PLACE OF DEATH:
County Prs Geo Co
City or town Muirkirk Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Washington D.C. County
City or town Georgetown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Isabel Pope

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Jesse Pope
6(c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Feb 16, 1893

8. AGE: Years	Months	Days	If less than one day
47		23	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Clerk
11. Industry or business U. S. Government
FATHER 12. Name Edward Ogden
13. Birthplace Maryland
MOTHER 14. Maiden name Virginia Robertson
15. Birthplace Md
16. Informant Martin Sheehan
Address 1105 17th St N.W. Washington DC
17. Removal (Burial, cremation, or removal. Which?) Date thereof Mar 14 1940 (month) (day) (year)
Cemetery or crematory Unique Cemetery
Location Rockville Md
18. Funeral director Francis Gaschis Sons
Address Hyattsville Md
19 March 11 1940 (Date rec'd by registrar) John D Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1940, at 11:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Hemorrhage & shock	
Due to Crushed chest and	
Compound fracture of both legs	
Due to automobile accident	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 3-10-40
Where did injury occur? Muirkirk Prs Geo Co Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Route 1
Means of injury Pedestrian struck by auto Injured at work? still

23. SIGNATURE James D. Boyd M. D. or other
Address Hyattsville Md Date signed 3-11-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 25 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

03354

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

City or town Riverdale Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Lincoln Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Prince Georges

City or town Riverdale Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 514 - Ashland Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma Pranschke

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Rev Gustave E Pranschke

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9, 1887

8. AGE: Years 53 Months 1 Days 13 If less than one day hrs. min.

9. Birthplace Canada (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Henry Mentzel

13. Birthplace Germany

MOTHER 14. Maiden name unknown

15. Birthplace Germany

16. Informant Leonard F. H. Pranschke

Address Indian Head Md

17. Transportation (Burial, cremation, or removal. Which?) Date thereof Mar 24, 1940 (month) (day) (year)

Cemetery or crematory Lutheran Cemetery Harmstadt

Location Evansville, Indiana

18. Funeral director F Gasch's sons

Address Hyattsville Md

19. Mar 23" 1940 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 22 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death: acute congestive heart failure

Due to: Cardiovascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 3-22-40

RECEIVED
APR 8 1940
BUREAU V. S.

03355

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 246

1. PLACE OF DEATH:

County Prince George

City or town Mt. Rainier
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3907 - 29th st.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Mt. Rainier Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3907 - 29th st.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME May Rose Proctor

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Abner Childs Proctor

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 1, 1867

8. AGE: Years 72 | Months 10 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name James Anderson
13. Birthplace —

MOTHER
14. Maiden name Elizabeth —
15. Birthplace ~~Washington D C~~

16. Informant Emma May Beagle
Address 3907 - 29th st. Mt Rainier

17. Burial (Burial, cremation, or removal, Which?) Date thereof 3 - 11 - 40 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Suitland Md.

18. Funeral director Wm. J. Kalby
Address 3200 - Rhode Island Ave.

19. 3/9 1940 Gary Kalby M D
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940, at 8:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 27 1936, to March 8 1940, and that I last saw h es alive on March 8 1940.

Immediate cause of death	DURATION
Pernicious Anemia	4 yrs
Diabetes Mellitus	2 yrs
~~Due to~~ Terminal Bronchial Pneumonia	4 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE U B Moyers M D
M. D. or other
Address Mt. Rainier Md Date signed 3-9-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 23 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (176C)

03356

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
County Pro Geo Co.
WITHIN CORPORATE LIMITS
City or town Hyattsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Pro Geo Co.
City or town S. Cheverly Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Pruitt st
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Alex Thomas Quarles

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of husband or wife Violet Quarles
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) sept 16, 1878

8. AGE: Years	Months	Days	If less than one day
61 years	5	23	____ hrs. ____ min.

9. Birthplace Penn (Town, county, and state)
10. Usual occupation Labor work
11. Industry or business
FATHER 12. Name Leon Quarles
13. Birthplace unknown
MOTHER 14. Maiden name unknown
15. Birthplace unknown
16. Informant Walter Quarles
Address Pruitt st S. Cheverly Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 11, 1940 (month) (day) (year)
Cemetery or crematory Evergreen Cemetery
Location Bladensburg Md
18. Funeral director L Gaschi Sons
Address Hyattsville Maryland
18. March 10 1940 (Date rec'd by registrar) Jas Berry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1940, at 7.40 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__,
and that I last saw h____ alive on ____ 19__

Immediate cause of death	DURATION
Hemorrhage & Shock	
Due to Severed aorta and inferior vena cava	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide homicide Date of 3-9-40
Where did injury occur? Hyattsville Pr Geo Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) public road
Means of injury Hit & run Injured at work? no

23. SIGNATURE James D. Boyd M.D. or other
Address Hyattsville Md Date signed 3-9-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1940
BUREAU V. S.

45-25 - Holladay St

Sixth
Pacific Collins

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03357

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A/5

1. PLACE OF DEATH:
County: Prince George
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 yr. 10 mos. 9 das
Stay in this community (yrs., or mos., or days) 1 yr. 10 mos. 9 das

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: District of Columbia County: Columbia
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1202 Jefferson St., N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Minnie Louise Roebuck

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 26, 1890

8. AGE: Years	Months	Days	If less than one day
49	3	12	— hrs. — min.

9. Birthplace: Gainesville, Missouri (Town, county, and state)
10. Usual occupation: Clerk in G.A.O.
11. Industry or business: U.S. Govt

FATHER
12. Name: Henry George Roebuck
13. Birthplace: Charlestown, S.C.

MOTHER
14. Maiden name: Mary Louise Buddenbaugh
15. Birthplace: Missouri

16. Informant: deceased
Address: above

17. Removal (Burial, cremation, or removal. Which?) Date thereof: March 10, 1940 (month) (day) (year)
Cemetery or crematory:
Location:

16. Funeral director: Martin W. Hogsang Co.
Address: 1300 N. St. N.W. Washington D.C.

19. March 10 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 9 1940, at 8 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 1938, to March 9 1940, and that I last saw h-er alive on March 9 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	18 yrs.
Due to	
Due to	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: Pul. Tbc

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: ____ Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium Date signed: 3/9/40
Glenn Dale, Md.

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164c)

CERTIFICATE OF DEATH

03358

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town (If outside city or town limits, write RURAL NEAR and give town) Hyattsville

Street address, hospital, or institution: 56 Wells Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Hyattsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 56 Wells Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dorothy May Rudy

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Jacob W Rudy 6(c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) June 23, 1908

8. AGE:

Years	Months	Days	If less than one day
31	8	19	____ hrs. ____ min.

9. Birthplace Lebanon Pa. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Wilton T. Kitzler

13. Birthplace Pa

MOTHER 14. Maiden name Lillie Kitzler

15. Birthplace Pa

16. Informant Jacob W Rudy

Address Hyattsville Md

17. Transportation (Burial, cremation, or removal. Which?) Date thereof May 13, 1940 (month) (day) (year)

Cemetery or crematory Ft Lebanon Pa

Location Lebanon Pa

18. Funeral director F Gaschè sons

Address Hyattsville Md

19. May 13 1940 (Date rec'd by registrar) Mrs Jas. Severe Deputy Registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Hemorrhage	
Shock	
Due to Gunshot wound	
through chest.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 3-12-40

Where did injury occur? Hyattsville (City or town) Co Geo (County) md (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Gunshot Injured at work? no

23. SIGNATURE James J. Boyd M. D. or other

Address Forestville Md Date signed 3-12-40

RECEIVED
APR 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

03359

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Pro Georges County

City or town Riverdale Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 510 Jefferson Ave.,

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pro Georges

City or town Riverdale Md., Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 510 Jefferson Ave.,

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Levin T. Saulsbury

3. (b) Social Security Number None

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife Estella Saulsbury

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 8, 1851

8. AGE: Years 89 yrs Months 1 Days 20 If less than one day ___ hrs. ___ min.

9. Birthplace Caroline County Md. (Town, county, and state)

10. Usual occupation Retired Govt employee

11. Industry or business Revenue service

FATHER 12. Name Thomas Smith Saulsbury

13. Birthplace Delaware

MOTHER 14. Maiden name Roda Ann Todd,

15. Birthplace Delaware

16. Informant Eli Saulsbury

Address 510 Jefferson Ave - Riverdale Md.,

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 30, 1940 (month) (day) (year)

Cemetery or crematory Lakeside M. E. Cemetery

Location Dover Delaware

18. Funeral director F. Gasch's Sons

Address Hyattsville Md.,

19. Mar. 29 1940 (Date rec'd by registrar) F. Wm Norgle LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 7 1940, to 7-28 1940, and that I last saw him alive on March 1 1940.

Immediate cause of death: Cerebral hemorrhage — DURATION: Sudden

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lemuel Hays M. D. or other

Address Hyattsville Md. Date signed 3-29-40

RECEIVED
APR 8 1940
BUREAU V. S.

1 20 1851
2 8 89
3 28 1940

STATE OF MARYLAND—CERTIFICATE OF DEATH

03360

(M)

1. PLACE OF DEATH (97)

County Prince Georges Registration Dist. No. 235

Village or City Bradbury Heights No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. 10 mos. 2 ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME George S Schenck

(a) Residence: No. 4330 Dewey Ave., Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Catherine R. Schenck

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ? hrs. or ? min.
	72	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Baker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Corby's Bakery

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME John Schenck

14. BIRTHPLACE (city or town) (State or country) Germany (Berlin)

MOTHER

15. MAIDEN NAME Emily Nebbs

16. BIRTHPLACE (city or town) (State or country) Woodstock Va.

17. INFORMANT (Address) Mrs. Catherine R. Schenck

18. BURIAL, CREMATION, OR REMOVAL

Place ADDESON Chapel Date 3/4, 1940

SEAT Present. MD.

19. UNDERTAKER (Address) T. FRANK MURRAY 741-11th St. S.W.

20. FILED 3-2-, 1940 Thos D Griffith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 2d (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from February 10th, 1940, to Mch 2d, 1940

I last saw him alive on Mch 1st, 1940; death is said to have occurred on the date stated above, at 6.30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Indefinite

Other Contributory Causes of Importance:

Mal Nutrition	Indefinite

Name of operation Removal of Gal Bladder Date of ?

What test confirmed diagnosis? — Was there an autopsy no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Arthur N. Meloy M. D.

(Address) 4400 Bowers Rd. DC

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

03361

CERTIFICATE OF DEATH

Reg. Dist. No. 25-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Forestville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Alms House
Stay in hospital or inst. (yrs., or mos., or days) 10 hours.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Capitol Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 20 Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William A. Garfield

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1850

8. AGE: Years 90 | Months | Days | If less than one day hrs. min.

9. Birthplace Janesville Wis (Town, county, and state)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden name —
15. Birthplace —

16. Informant Floyd Brown
Address 20 St Capitol Heights Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 29-1940 (month) (day) (year)
Cemetery or crematory Prince Georges County
Location Pitchie, Md.

18. Funeral director Pitchie Bros
Address Upper Marlboro, Md.

19. 3/28- 1940 (Date rec'd by registrar) Thos. H. Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940 10:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death Uremia — DURATION

Due to Cardio-vascular renal disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James J. Boyd M. D. or other
Address Forestville Md Date signed 3-28-40

RECEIVED
MAY 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03362

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (1st-a)

County Prince Georges Registration Dist. No. 242

Village or City Capitol Heights No. 25 - 61st St St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Martha Elizabeth Smith If U. S. Veteran, specify WAR ____

(a) Residence: No. 25 - 61st St St., Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Ambrose Smith

6. DATE OF BIRTH (month, day, and year) Feb 20, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
66	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home

10. Date deceased last worked at this occupation (month and year) June 7, 1940

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Washington D.C. (State or country)

FATHER

13. NAME John Henry Anderson

14. BIRTHPLACE (city or town) Montgomery County (State or country) Maryland

MOTHER

15. MAIDEN NAME Emory Frances Fowler

16. BIRTHPLACE (city or town) Prince Geo. County (State or country) Maryland

17. INFORMANT Peter A. Smith (Address) 25 61st St, Capitol Heights Md.

18. BURIAL, CREMATION, OR REMOVAL Place Washington D.C. Date March 29th, 1940

19. UNDERTAKER W. W. Chambers Co. (Address) 317 11th St S.E.

20. FILED 3-27, 1940 Irene A. Conner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 27 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939, to March 27, 1940

I last saw h[illegible] alive on March 27, 1940; death is said to have occurred on the date stated above, at 2:30 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease with right sided paralysis	10 years 4 wks.
Other Contributory Causes of Importance: Generalized arteriosclerosis	10 years

Neme of operation — Oete of ____

Whet test confirmed diegnosis? — Was there an eutopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, sulcide, or homicide? ____ Date of Injury ____, 19____

Where did Injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Neture of injury ____

24. Wes diseese or Injury in any way releted to occupation of deceased? ____

If so, specify ____

(Signed) William A. Brannan M. D.

(Address) Capitol Heights, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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APR 5 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Correct address
48 Shady Side Ave
Capital Hts. Md.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

03363

CERTIFICATE OF DEATH

Reg. Dist. No. 235

1. PLACE OF DEATH:

County Prince Georges Co

City or town Boulevard Heights

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 4231 - Ellerslie Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary C. Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William Smith

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29th. 1877

8. AGE:

Years	Months	Days	If less than one day
~~65~~ 62	2	13	hrs. min.

9. Birthplace Pr. Geos. Co. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Thomas O. Chesley

13. Birthplace Maryland

MOTHER

14. Maiden name Margaret Hannon

15. Birthplace Ireland

16. Informant William Smith

Address 4231 - Ellerslie Ave. Boulevard Hghts

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 15-1940 (month) (day) (year)

Cemetery or crematory Cedar Hill Cemetery

Location Suitland, Maryland

18. Funeral director Thomas F. Murray

Address 2007 - Nichols ave S. E. Wash D.C

19. Mar 12 1940 (Date rec'd by registrar) L. O. Minear Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12/40 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/9/40 19 , to 3/12/40 19 , and that I last saw her alive on 3/12/40 19 .

Immediate cause of death Cerebral Hemorrhage Uremia —

Due to Nephritis, Acute — Hypertension.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James A. O'Keeffe MD. M. D. or other

Address 4501-13 - Ave. Date signed 3/12/40

RECEIVED
APR 8 1940
BUREAU V. S.

03364

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County Pro Georges Co.

City or town Berwyn Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Central Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pince Georges

City or town Camp Springs Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Annie T. Soper

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William H. Soper

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): December 26, 1861

8. AGE: Years 78 | Months 2 | Days 18 | If less than one day ___ hrs. ___ min.

9. Birthplace: Charles County, Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: at home

FATHER

12. Name: James Richardson

13. Birthplace: Maryland

MOTHER

14. Maiden name: Martha A. Berry

15. Birthplace: Maryland

16. Informant: Annie E. Baldwin

Address: Berwyn. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 17, 1940 (month) (day) (year)

Cemetery or crematory: Bell's Cemetery

Location: Camp Springs Md

18. Funeral director: F. Gasch's Sons

Address: Hyattsville Md.

19. March 17th 1940 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15 1940, at 1:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7, 1940, to March 15 1940, and that I last saw her alive on March 14 1940.

Immediate cause of death: Senility — DURATION: 1-2 years

Due to

Due to

Other conditions: Arteriosclerosis — Several years

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: W. Allen Griffith M. D. or other

Address: Berwyn. Md Date signed 3/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03365

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince George
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 4 mos. 16 das
Stay in this community (yrs., or mos., or days): 4 mos. 16 das

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: District of Columbia County:
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2215 - 40th st., n.w.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Elizabeth Mary Sweney

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: divorced
6 (b) Name of husband ~~or wife~~: Frank Sweney
6(c) If alive, give age: dead years
7. Birth date of deceased (mo., day, yr.): Oct. 27, 1872

8. AGE: Years: 67 Months: 4 Days: 8 If less than one day: — hrs. — min.

9. Birthplace: Albany, N.Y. (Town, county, and state)
10. Usual occupation: Clerk in Navy Dep't
11. Industry or business: U.S. Gov't.

FATHER
12. Name: Ambrose Pettifer
13. Birthplace: England

MOTHER
14. Maiden name: Elizabeth Bowden
15. Birthplace: England

16. Informant: deceased
Address: above

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 3/8/40 (month) (day) (year)
Cemetery or crematory: At Lees
Location: 300-4th St. N.E. Washington, D.C.

18. Funeral director: J. William Lees Sons
Address: 300 - 4th St. N.E. D.C.

19. March 7 1940 (Date rec'd by registrar) Als V. Dunsider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 6 1940, at 11:50 p.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 19 1939, to March 6 1940, and that I last saw her alive on March 6 1940.

Immediate cause of death: Pulmonary Tuberculosis
Due to
Due to
Other conditions: none
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy

DURATION: about one year

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed 3/6/40
Glenn Dale, Md.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAR 27 1940

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-72)

03366

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
County Prince George
City or town Brentwood Lynn st 323
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 323 Lynn st.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Pro Geo Co
City or town Brentwood Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 323 Lynn st.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Roseanna Thomas

3. (b) Social Security Number

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Bernard Thomas
Deceased 6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Mar 24 1872

8. AGE: Years 68 | Months 11 | Days 20 | If less than one day ____ hrs. ____ min.

9. Birthplace: Md (Town, county, and state)
10. Usual occupation: at Home
11. Industry or business
FATHER
12. Name: Unknown
13. Birthplace: Md
MOTHER
14. Maiden name: Unknown
15. Birthplace: Md
18. Informant: Helen Thomas
Address: 1125 8th N W D.C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 23, 1940 (month) (day) (year)
Cemetery or crematory: Methodist Cemetery
Location: Bladensburg Md
18. Funeral director: L Gasch's sons
Address: Hyattsville Md
19. Mar. 22 1940 (Date rec'd by registrar) Mrs. Jas Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-21 1940, at 4 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-1 1940, to 3-21 1940, and that I last saw her alive on 3-20-40 1940.

Immediate cause of death: Arterial hemorrhage — DURATION: 3 yrs
Due to: Arterial sclerosis
Due to: Hypertension
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Tom and Harry M. D. ~~or other~~
Address: Hyatts - Md Date signed 3-21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03367

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 18 days
Stay in this community (yrs., or mos., or days) Sanat -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D. C. County D C. ✓
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1017 - Irving St N.W. -
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Duke Vanison

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	Single

6 (b) Name of husband or wife —
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 14 - 1900

8. AGE:

Years	Months	Days	If less than one day
39	6	11	____ hrs. ____ min.

9. Birthplace Va.
(Town, county, and state)
10. Usual occupation Housemaid
11. Industry or business —
FATHER 12. Name James Vanison
13. Birthplace Va
MOTHER 14. Maiden name Adeline Vanison
15. Birthplace Va.
16. Informant Dreamt.
Address
17. Removal (Burial, cremation, or removal. Which?) Date thereof 3/26/40 (month) (day) (year)
Cemetery or crematory
Location Washington, DC
18. Funeral director Thos. Frazier Co.
Address 389 P. I. Ave N. W.
19. March 26 '40 (Date rec'd by registrar) Dr. V. Almeda M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1940, at 8:37 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/7 1940, to 3/25 1940, and that I last saw him alive on March 25 1940

Immediate cause of death	DURATION
(a) Pulmonary Tuberculosis	6 months
Due to (b) —	
Due to (c) —	
Other conditions None -	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Finucane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed 3/25/40
Glenn Dale, Md.

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46d)

03368

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 246

1. PLACE OF DEATH:

County: Prince Georges

City or town: Mt. Rainier Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3227 Bunker Hill Road

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 31

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Mt. Rainier, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3227 Bunker Hill Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mrs. Margaret Ellen Warwick

3. (b) Social Security Number

4. Sex: F

5. Color or race: wh

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband ~~or wife~~: Mr Geo. Lawrence Warwick

Deceased July 17, 1914 (If alive, give age) years

7. Birth date of deceased (mo., day, yr.): April 25, 1870

8. AGE: Years: 69 70 | Months: 10 | Days: 6 | If less than one day: hrs. min.

9. Birthplace: Wash. D.C. (Geotown)
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: at home

FATHER
12. Name: Daniel Driscoll
13. Birthplace: Ireland

MOTHER
14. Maiden name: Miss Margaret Driscoll
15. Birthplace: Ireland

16. Informant: (Son) George Warwick

Address: 3227 Bunker Hill Road.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 4, 1940 (month) (day) (year)

Cemetery or crematory: Holy Rood

Location: Washington D.C.

18. Funeral director: H. J. Gottwald

Address: 436-7th St S.W. Wash. D.C.

19. March 1940 (Date rec'd by registrar) Hay Halley M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 1 1940, at 1:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1 1940, to March 1 1940, and that I last saw her alive on March 1 1940.

Immediate cause of death	DURATION
Generalized metastatic carcinoma	2 yrs.
Due to Scirrous carcinoma of rectum	7 yrs.
Due to Associated cachexia	1 yr.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Maurice D. Rosenberger M.D.
M. D. or other

Address: 3629-34th St. Mt. Rainier Md. Date signed 3/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (88-a)

03369

CERTIFICATE OF DEATH

Reg. Diat. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

WITHIN CORPORATE LIMITS

City or town Hyattsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

10 Cedar St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Hyattsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 10 Cedar St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME FRANK D. WELCH

705-10-3791 **3. (b) Social Security Number** None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Ada E. Welch

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1873

8. AGE: Years	Months	Days	If less than one day
66	3	20	____hrs. ____min.

9. Birthplace Connellsville, Pa.
(Town, county, and state)

10. Usual occupation Retired car Inspector

11. Industry or business B & O R. R.

FATHER 12. Name Samuel E. Welch

13. Birthplace Albright, West Va.

MOTHER 14. Maiden name Rachel L. Bilsoff

15. Birthplace Albright, West Va.

16. Informant Ada E. Welch

Address 10 Cedar St., Hyattsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 23 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Cedar Hill

Location Prince Georges County, Md.

18. Funeral director W. H. Chambers Co.

Address Riverdale, Maryland.

19. Mar 22 1940 (Date rec'd by registrar) Mrs. Jas. Severa Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 21 1940, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 17 1940, to Mar 21 1940, and that I last saw h-- alive on Mar 21 1940.

	DURATION
Immediate cause of death Apoplexy (cerebral hemorrhage)	
Due to Cerebral arterio-sclerosis	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dwight Talmage M. D. M. D. or other

Address Hyattsville Md Date signed 3/21/40

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03370

Reg. Dist. No. 243

1. PLACE OF DEATH:
County Prince George
City or town Glenn Dale Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State DC County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2316 Champlain St NW
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Aldsworth Wright

3. (b) Social Security Number 578-14-6864 none

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife Single
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 5, 1916
8. AGE: Years 24 Months 1 Days 5 If less than one day hrs. min.
9. Birthplace Bedford Va. (Town, county, and state)
10. Usual occupation Truck Driver
11. Industry or business
FATHER 12. Name Willis Wright
13. Birthplace Virginia
MOTHER 14. Maiden name Ida Davis
15. Birthplace Virginia
16. Informant deceased
Address 2316 Champlain St N.W.
17. Removal (Burial, cremation, or removal. Which?) Date thereof 3/11/40 (month) (day) (year)
Cemetery or crematory
Location Washington DC.
18. Funeral director Smith
Address 1125-19 St. N.W. W.H. Gibson
19. March 11th 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10th 1940, at 8 40 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 27th 1939, to March 10th 1940, and that I last saw him alive on March 10th 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION 1 yr 5 mos
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other
Address Glenn Dale Sanatorium Date signed
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.